

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 20050/0200474-US0 First Inventor Satoshi Mizutani Title INTERLABIAL PAD Express Mail Label No.																									
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																									
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 35] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 																									
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 12] 5. Oath or Declaration [Total Sheets] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [when there is an assignee] <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input checked="" type="checkbox"/> Other: 2nd Preliminary Amendment; Affirmation of Claim for Priority & PCT/IB/304; Certificate of Express Mailing																									
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: PCT/JP02/04883 Prior application information: Examiner Not Yet Assigned Art Unit: N/A																											
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																											
19. CORRESPONDENCE ADDRESS																											
<input checked="" type="checkbox"/> Customer Number: 07278 OR <input type="checkbox"/> Correspondence address below																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name</td> <td colspan="3">DARBY & DARBY P.C. Peter C. Schechter</td> </tr> <tr> <td>Address</td> <td colspan="3">P.O. Box 5257</td> </tr> <tr> <td>City</td> <td>New York</td> <td>State</td> <td>NY</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(212) 527-7700</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>10150-5257</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>(212) 753-6237</td> </tr> </table>				Name	DARBY & DARBY P.C. Peter C. Schechter			Address	P.O. Box 5257			City	New York	State	NY	Country	US	Telephone	(212) 527-7700			Zip Code	10150-5257			Fax	(212) 753-6237
Name	DARBY & DARBY P.C. Peter C. Schechter																										
Address	P.O. Box 5257																										
City	New York	State	NY																								
Country	US	Telephone	(212) 527-7700																								
		Zip Code	10150-5257																								
		Fax	(212) 753-6237																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Name (Print/Type)</td> <td>Peter C. Schechter</td> <td>Registration No. (Attorney/Agent)</td> <td>31,662</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>Peter C. Schechter</i></td> <td>44085</td> </tr> <tr> <td></td> <td>Date</td> <td colspan="2">November 7, 2003</td> </tr> </table>				Name (Print/Type)	Peter C. Schechter	Registration No. (Attorney/Agent)	31,662	Signature	<i>Peter C. Schechter</i>		44085		Date	November 7, 2003													
Name (Print/Type)	Peter C. Schechter	Registration No. (Attorney/Agent)	31,662																								
Signature	<i>Peter C. Schechter</i>		44085																								
	Date	November 7, 2003																									

10/705780
100111
US PTO

11/10/03
17175 U.S. PTO

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)**

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number

Deposit Account Name Darby & Darby P.C.

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments

Charge any additional fee(s) or any underpayment of fee(s)

Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	770.00
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$) **770.00**

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims	Fee from below	Fee Paid
Total Claims 16	-20** = <input type="text"/> x <input type="text"/> =	0.00
Independent Claims 1	-3*** = <input type="text"/> x <input type="text"/> =	0.00
Multiple Dependent		

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) **0.00**

** or number previously paid, if greater; For Reissues, see above

Complete if Known	
Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Satoshi Mizutani
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	20050/0200474-US0

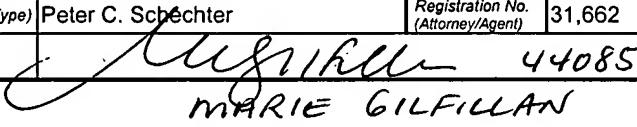
FEE CALCULATION (continued)

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1251	110	2251	55
1252	420	2252	210
1253	950	2253	475
1254	1,480	2254	740
1255	2,010	2255	1,005
1401	330	2401	165
1402	330	2402	165
1403	290	2403	145
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,330	2453	665
1501	1,330	2501	665
1502	480	2502	240
1503	640	2503	320
1460	130	1460	130
1807	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	770	2809	385
1810	770	2810	385
1801	770	2801	385
1802	900	1802	900

Other fee (specify)

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3) (\$)** **0.00**

(Complete if applicable)

SUBMITTED BY	
Name (Print/Type)	Peter C. Schechter
Signature	 MARIE GILFILLAN

Express Mail Label No.

Dated: _____

Application No. (if known):

Attorney Docket No.: 20050/0200474-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. 10 in an envelope addressed to:

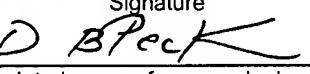
8982104865-US

MS PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on November 10, 2003
Date



Signature



Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Specification (31pp); Claims (3pp); Abstract (1pp)
Figs 1a-b, 2, 3a-b, 4a-c, 5-7, 8a-b, 9a-b, 10-16
(12 sheets)
Preliminary Amendment (6pp)
2nd Preliminary Amendment (3pp)
Affirmation of Claim for Priority & PCT/IB/304
Return Postcard
Application Data Sheet (3 pages)
Utility Patent Application Transmittal (1 page)
Fee Transmittal (1 page) - NO FEE ENCLOSED